



Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Planning Services
Council Offices, Weeley, Essex, CO16 9AJ
Email: planning.services@tendringdc.gov.uk

Website: www.tendringdc.gov.uk Telephone: 01255 686161

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

	nt Name and Address
Title: MC	+ MUS First name: EDWARD
Last name:	DREWHOWSKI
Company (optional):	
Unit:	House number: V2 House suffix:
House name:	
Address 1:	SEATON CLOSE!
Address 2:	
Address 3:	LAWFORD
Town:	MANNINGTREE.
County:	ESSEX.
Country:	ENCILAND.
Postcode:	Coll 2ELL

Agent N	ame and Address	
Title:	First name:	
Last name:		
Company (optional):	STOOK VALLE	DESIGN
Unit:	House number:	House suffix:
House name:	SWAN CO	enter
Address 1:	MILL CAN	JE 1
Address 2:		
Address 3:	BRADGIE	D.
Town:	MANNIKE	ITREE .
County:	ESSEX	•
Country:	ENLAN	10.
Postcode:	Coll 2UT.	

3. Description of Proposed Works			
Please describe the proposed works:	1 = 2 0		
SINGLE STOREY SIDE 60	TOUSION FOR KRIVATE		
USE.	~		
*			
Has the work already started?			
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the work already been completed?			
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)		
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Please provide the full postal address of the application site. House 10 House	Is a new or altered vehicle access proposed to or from the public highway? Yes No		
number: \ suffix:	Is a new or altered pedestrian access		
House name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,		
Address 1: SEATON CLOSE,	extinguishments and/or creation of public rights of way?		
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/		
Address 3: LAWFORD.	drawing(s):		
TOWN: MANNINGTREE.	N/A.		
County: ESSEC.	N/A		
Postcode (optional): Coll 2EU			
6. Pre-application Advice	7. Trees and Hedges		
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own property or on adjoining properties which		
If Yes, please complete the following information about the advice	are within falling distance of your proposed development?		
you were given. (This will help the authority to deal with this	If Yes, please mark their position on a scaled		
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:		
known, and then complete as much possible: Officer name:	REFER TO GOSTING SITE PLAN		
Officer frame.	ON DRAWWG NO. 48-221-021.		
Reference:			
	Will any trees or hedges need to be removed or pruned in		
Date (DD MM YYYY): (must be pre-application submission)	order to carry out your proposal? Yes No		
Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/		
	REFER TO PROPOSED SITE PLAN ON DRAWING No. 48-2021-OAP.		

8. Parking	official cutofficial control of the	Vac Tal Na		
Will the proposed work If Yes, please describe:	s affect existing car parking arrangements?	Yes No		
ii res, piease describe.	4			
	NA			
₹.				
9. Authority Emple	ovee / Member			=
It is an important princi	ple of decision-making that the process is open an	d transparent. For the purposes of this question, "re d informed observer, having considered the facts, v		o "
conclude that there was	s bias on the part of the decision-maker in the local	planning authority.		
Do any of the following	statements apply to you and/or agent? Yes	No With respect to the authority, I am (a) a member of staff (b) an elected member		
		(c) related to a member of staff (d) related to an elected member		
If Yes, please provide d	etails of their name, role and how you are related t	0.00		
	74.			-
	N/A.			
10. Materials				
If applicable, please stat	te what materials are to be used externally. Include	e type, colour and name for each material:	do do	
	Existing (where applicable)	Proposed	Not applicable	Don't Know
-		MATCHING FACILIO	æ	•
Walls	FACING BEKLINDELL.	berchooll.		
	CONCLETE ROOF TILLS TO BUNGALON WITH CLASS ROOF TO CONSERVATORY.	MATCHICA CONDETE		
Roof	TO BUNGALOW WITH CLASS	lost Tiles.		
	WHITE LIKE DOUBLE	MATCHING LAHITE CINC	0.21111	
Windows	GLAZED WINDOWS.	DOUBLE CLAZED WINDOWS		
	NA TO TO TO	Magazia O INCITE NO I		
	WHITE URC DOUBLE	MATLUNE WHITE WAR. DOUBLE GLAZED DOODS.	[_	_
Doors	GLAZED DOOLS.	DOUBLE BILAZET IZZES.	L	Ш
	FAREGUE COURS LINES	TOUTH TOURNIAMIC		0 - 1
Boundary treatments	& PLASTING FENCES, WALL	& PLANTING TO SITE		
(e.g. fences, walls)	bounDARIES.	BOONDARKS TO REMAIN	-	

Vehicle access and hard-standing	EXISTING BLUCH RAVEO DRNE -	EXISTING BUILLI PAVED DRIVE TO REMINING.		
Lighting		-		
Others (please specify)				
	dditional information on submitted plan(s)/drawing ferences for the plan(s)/drawing(s)/design and acce ALSO TO DEALLIE NO AL FOR DETALLS		910] No

11. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

owner* of any part of the land or building to whic is part of, an agricultural holding**	h the application relates, and that none of the land	to which the application relates is, or
NOTE: You should sign Certificate B, C or D, as application relates but the land is, or is part of,	appropriate, if you are the sole owner of the lan , an agricultural holding.	d or building to which the
* "owner" is a person with a freehold interest or lease ** "agricultural holding" has the meaning given by r	ehold interest with at least 7 years left to run. reference to the definition of "agricultural tenant" in so	ection 65(8) of the Act.
Signed - Applicant:		Date (DD/MM/YYYY): 25/11/262
Town and Country Planning (Developme I certify/ The applicant certifies that I have/the ap 21 days before the date of this application, was t application relates. ""owner" is a person with a freehold interest or lease	TIFICATE OF OWNERSHIP - CERTIFICATE Bent Management Procedure) (England) Order 20 oplicant has given the requisite notice to everyone he owner* and/or agricultural tenant** of any parehold interest with at least 7 years left to run, ction 65(8) of the Town and Country Planning Act 199	else (as listed below) who on the day rt of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
	ZIR	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

CES Town and Country Planning (Developm certify/ The applicant certifies that: Neither Certificate A or B can be issued to All reasonable steps have been taken to the land or building, or of a part of it, but "owner" is a person with a freehold interest or least "agricultural tenant" has the meaning given in some the steps taken were:	RTIFICATE OF OWNERSHIP - CER nent Management Procedure) (En for this application of find out the names and addresses at I have/ the applicant has been un second interest with at least 7 years.	RTIFICATE C ingland) Order 2015 Cer is of the other owners* an inable to do so. left to run.	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
	NK/	<i>Z</i> .	
	P		
	_/		
	/		
		Maria de la companione	Alteria in mensue de l'estat
Notice of the application has been published in (circulating in the area where the land is situate Signed - Applicant:	Or signed - Agent:	than 21 days before	te (which must not be earlier the date of the application): Date (DD/MM/YYYY)
Town and Country Planning (Developm certify/ The applicant certifies that: Certificate A cannot be issued for this ap All reasonable steps have been taken to date of this application, was the owner have/ the applicant has been unable to sowner is a person with a freehold interest or least agricultural tenant has the meaning given in some steps taken were: Intice of the application has been published in circulating in the area where the land is situated.	oplication find out the names and addresses and/or agricultural tenant** of an do so. sehold interest with at least 7 years if ection 65(8) of the Town and Countr the following newspaper	ingland) Order 2015 Cert is of everyone else who, or ny part of the land to white left to run. ry Planning Act 1990 On the following dat	n the day 21 days before the
	*		
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):

12. Planning Application Requirements - Checklist	NAME OF STREET OF ST
Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv. the Local Planning Authority (LPA) has been submitted.	alid. It will not be considered valid until all information required by
The original and 3 copies* of a the original and 3 completed and dated application form:	oples" of a The correct fee: \$206 \$ V
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: proposed works fall conservation area of World Heritage Site Listed Building:	within a The original and 3 copies* of the completed, dated Ownership
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	
*National legislation specifies that the applicant must provide the ori total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by p You can check your LPA's website for information or contact their plan	post (for example, on a CD, DVD or USB memory stick).
13. Declaration	
I/we hereby apply for planning permission/consent as described in th information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Date (DD/MM/YYYY):
	25/11 ho2/ (date cannot be pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email addrose (antional):
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide: Contact name:	Telephone number:
MARTIN NIND	
Email address:	

* PLEASE CAN YOU FREAME FOR SOMEONE TO CALL ME ON 01255 870352 TO TAKE A CASO PATIMENT FOR THE PLANNING PER.

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